

# **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

## **PRIMARY CARE FOR OLDER ADULTS**

Annelise Cook and Adam Eckes

*lora Primary Care*

**Purpose/Objective:** Share lora Primary Care’s unique model of care for seniors in the Seattle region.

**Methods/Components:** lora Primary Care opened two practices in Seattle and Shoreline in 2014, to care for patients over 65 on Medicare using a team-based, relationship-centered approach. Our payment model is a value-based payer partnership between the care delivery team (lora) and the insurance company (Humana), for patients on Medicare. This partnership allows us to meet patient needs without regard to the billing limitations of fee-for-service medicine. Patient care is team-based with multidisciplinary team of nurses, social workers, health coaches, and physicians. We utilize innovative technology and a healing clinic space designed for the special needs of an older population. Same day access for appointments is always available. Co-management of patients with outside specialists as well as a care transitions nurse help to navigate the complicated healthcare system and reduce unnecessary treatment.

**Outcomes/Stage of Development:** We measure five outcomes (the “quintuple aim”) 1) Patient experience 2) Clinical outcomes (Quality) 3) Cost of care 4) Care team experience/ Joy in Practice 5) Sustainability and Growth.

**Conclusions/Implications:** In our first two years of operation, the lora Primary Care practices for Medicare patients have demonstrated improved quality of care for seniors, while decreasing utilization of inpatient and ED services; and our team-based relationship-centered model has produced happy employees and highly satisfied patients.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **PHYSICAL PERFORMANCE AND ADVERSE HEALTH EVENTS IN OLDER ADULTS WITH DEMENTIA**

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Martha A. Cagley, MS<sup>2</sup>, Amy Cunningham, MS<sup>2</sup>, Linda Teri, PhD<sup>2</sup>

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Community Nursing, University of Washington*

**Purpose/Objective:** Community-dwelling older adults with dementia are at increased risk for adverse health events, including falls. Physical performance measures, including gait speed, short physical performance battery (SPPB) and performance-oriented mobility assessment (POMA), may help clinicians better understand the occurrence of falls and health events in older adults with dementia.

**Methods/Components:** An in-home physical performance assessment was conducted in 82 older adults with dementia (mean Mini Mental Status Exam (MMSE) = 16.41) at baseline. Adverse health events were collected (via caregiver report) one month later, defined as a fall or health occurrence requiring medical attention. All participants were in the non-intervention stage of an exercise intervention study (Reducing Disabilities in Alzheimer's Disease). At baseline, physical performance measures included gait speed (m/sec), SPPB, and POMA.

**Outcomes/Stage of Development:** Participants demonstrated impaired lower extremity function and high fall-risk (gait speed=0.73 m/s, SD=0.27; SPPB=6.89, SD=3.18; POMA=22.84, SD=5.51). At one-month follow-up, 18 (22%) participants had an adverse health event. Interestingly, participants with adverse health events had higher baseline scores on the SPPB (mean =8.28) compared to those without an adverse health event (mean = 6.61) ( $p = 0.048$ ), and were slightly younger (mean=77.01 vs. 80.93;  $p = 0.05$ ). There were no statistically significant differences in MMSE or gender (male =50% vs. 61%) between the two groups.

**Conclusions/Implications:** This group of participants with higher health events may represent older adults with cognitive impairment who remain active despite elevated fall risk. This finding is important for clinical care and the development of health services for older adults with dementia.

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### **QINGGANG SENIOR CARE CENTER AND NURSING HOME: SERVING THE HEALTH OF ELDERS IN CHONGQING, CHINA**

Pei Gan, Lifang Tong, Yan Xie

*Qinggang Senior Care Center and Nursing Home, The First Affiliated Hospital of Chongqing Medical University, Chongqing, People's Republic of China*

**Purpose/Objective:** Describe the development, facilities, services, and staffing of a unique senior care center in Chongqing, China.

**Methods/Components:** Qinggang Senior Care Center is the first comprehensive nursing home affiliated with a major public hospital in China. Approved by the National Development and Reform Commission in 2012, Qinggang has 3000 authorized beds on grounds of over 175 acres. The facilities have been constructed in phases and include General and Lakeside Senior Care Centers, Academic Communication Center (including a nursing school), Rehabilitation Hospital, and a hotel, all surrounded by scenic landscaping with expansive greenery, a lake, and well-designed walkways. The center provides healthcare, rehabilitation, physiotherapy, and recreation services. Staff include well-trained nursing, social work, physical and occupational therapy, recreation, support services, and administrative personnel. Professional staff value evidence-based practice, enhancing health outcomes, collaboration with international colleagues for staff development, and ongoing program evaluation and dissemination.

**Outcomes/Stage of Development:** The Senior Care Center is completed and currently serves over 400 residents. The grounds are landscaped, and the Academic Center and other facilities are nearly complete. Services provided to residents integrate evidence-based care and state-of-the art technology with traditional Chinese activities (e.g., Mahjong, Chinese paper cutting). An international conference and training workshop will be held in the fall, and collaborations with colleagues in the U.S. and Denmark, among others in China and globally, are ongoing.

**Conclusions/Implications:** The Senior Care Center addresses a need in China for high-quality elder care. Experience with this unique center can guide the development of similar facilities in other locations.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **DEVELOPING AN ONLINE PEARLS MASTER TRAINING: BUILDING COMMUNITY-BASED ORGANIZATIONS' CAPACITY FOR AN EVIDENCE-BASED DEPRESSION INTERVENTION**

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**Purpose/Objective:** PEARLS (Program to Encourage Active, Rewarding Lives) is an evidence-based depression program for older adults. PEARLS trains existing staff at community-based social service, mental health, aging and health services organizations to reach homebound elders. From our work providing technical assistance to PEARLS providers, we have learned that staff turnover and limited financial resources for training and travel are a barrier for attending in-person trainings in Seattle. We aimed to create an online master training program to build regional capacity for training across the U.S and enable wider implementation and maintenance of PEARLS.

**Methods/Components:** To build the online master training, we expanded upon the existing, in-person PEARLS training materials by attending and conducting trainings, using video clips from previous trainings, revising the training workbook, and obtaining feedback from experienced PEARLS trainers and counselors. We investigated best practices for adult learning and distance learning and applied them to a web-based learning management system where the training will be hosted.

**Outcomes/Stage of Development:** The PEARLS master training will begin in late September 2016. It will consist of six weekly modules paired with a training workbook. Each module includes learning objectives, overviews of training content, video demonstrations, applicable principles of adult learning, a discussion forum, and a learning assessment.

**Conclusions/Implications:** The online master training will enable PEARLS counselors to be trained at a lower cost and without traveling. Enabling local capacity for training will improve access to PEARLS for older adults across the U.S. This project helps increase evidence-based programs' capacity for training options, improving dissemination for proven interventions.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **CLINICAL-COMMUNITY LINKAGES BETWEEN PHYSICAL THERAPISTS AND AN EVIDENCE-BASED EXERCISE PROGRAM FOR OLDER ADULTS**

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<sup>3</sup>YMCA of the USA

**Purpose/Objective:** Evidence-based exercise programs (EBPs) for older adults, such as EnhanceFitness, are underutilized. Referrals from physical therapy (PT) clinics may help community-based organizations offering EBPs reach more older adults. This study aims to develop an outreach toolkit that helps YMCAs build partnerships with PT clinics for increased referrals of older patients to EnhanceFitness. This toolkit is being tested in a two-year randomized controlled trial that began April 2016.

**Methods/Components:** The Institute for Healthcare Improvement's "Breakthrough Series" model for promoting organizational change through collaborative learning informed toolkit format. Thirty semi-structured interviews with PTs, 39 direct observations in PT clinics, and 20 semi-structured interviews with YMCA staff guided toolkit content.

**Outcomes/Stage of Development:** When making referrals, PTs look for safe, credible EBPs that are appropriate and accessible for older patients. When conducting outreach, YMCAs need tools to frame EF for clinical audiences and approaching potential PT partners. The toolkit contains materials for a 6-month capacity- and partnership-building intervention: monthly work plans and worksheets, and supporting documents such as talking points, presentation templates, and brochures. We will also report learnings from YMCA's implementing the toolkit for the first 6-months of the study.

**Conclusions/Implications:** We worked closely with PTs and YMCAs to develop a community-based organization toolkit for increasing PT patient referrals to EnhanceFitness. Our approach may be used to develop other resources for improving EBP dissemination and implementation through clinical-community linkages that provide a continuum of care to better meet triple aim objectives. Community organizations currently offering EBPs may integrate this approach into their dissemination strategy.

## ***2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities*** **Poster Session**

### **AGE FRIENDLY COMMUNITIES: MAKING OUR REGION A GREAT PLACE TO GROW UP AND GROW OLD**

Maria Langlais for the Age Friendly Communities Task Force for Seattle & King County and  
Seattle King County Area Agency on Aging

**Purpose/Objective:** The City of Seattle recently joined the AARP network of Age Friendly Communities, a designation process and framework developed by the World Health Organization (WHO) to address the environmental, economic and social factors that influence the health and well-being of older adults. By joining this global network of cities and communities, Seattle has committed to engage in a continuous improvement process to make Seattle a great place in which to grow up and grow old.

**Methods/Components:** The Age Friendly framework consists of eight domains.

1. Outdoor Spaces and Buildings: Safe and accessible places to gather, indoors and out.
2. Housing: Accessible and affordable, for all life stages.
3. Transportation: Safe and accessible options that support multi-modes.
4. Social Participation: Accessible and affordable social and recreation options.
5. Respect and Social Inclusion: Intergenerational, inclusive.
6. Civic Participation and Employment: Opportunities for meaningful paid and volunteer work; economic security.
7. Communication and Information: Access to resources, benefits and services.
8. Community Support and Health Services: Support/promote healthy aging.

**Outcomes/Stage of Development:** The poster will highlight our local efforts to date, including the following stages of development.

- Prepare and Organize Stakeholders
- Assessment and Development of Action Plan
- Implementation and Evaluation.

**Conclusions/Implications:** The Age Friendly framework will help our region support the positive contributions of older adults and enable people of all ages and abilities to achieve their potential.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **PERCEIVED HEALTH IMPACT OF SITTING LESS AMONG OBESE, OLDER ADULTS**

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<sup>1</sup>Masters of Public Health Student, University of Washington; <sup>2</sup>Group Health Research Institute

**Purpose/Objective:** Older adults with a BMI greater than 30 kg/m<sup>2</sup> spend an average of over 10-11 hours per day sitting, contributing to poor health outcomes. Effective behavioral interventions are needed to encourage less sitting among obese, older adults, but these programs must also be acceptable to the target population. We report on participants' satisfaction with a novel coaching program and technology-based assessment measures in the iSTAND pilot study. Perceived changes in mental and physical health will also be presented.

**Methods/Components:** Sixty Group Health members will be enrolled in the iSTAND pilot study. A sub-sample of these individuals are participating in semi-structured exit interviews to inform the acceptability, satisfaction and perceived health impact of the intervention and study methods. Interviews will continue until saturation is reached. Transcripts are being coded by two readers using categorical aggregation to establish themes and patterns in responses.

**Outcomes/Stage of Development:** Qualitative interviews are in progress. Emerging themes include greater awareness of sedentary behavior due to technology-based assessment and a sense of personal accountability to reduce sitting time. Participants describe internalizing outward reminders so that sitting less becomes a habit that is easily integrated into daily life. Most participants experience improved mood and increased productivity, and some participants feel reduced stiffness and pain.

**Conclusions/Implications:** Final results are not yet available, but the evidence to date indicates that the procedures and technology of the iSTAND intervention are effective in reducing sedentary behavior. For obese, older adults sitting less is a promising approach to improve healthy behaviors.

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### MOBILITY DISABILITY IN OLDER ADULTS WITH DEMENTIA AND CAREGIVERS: PERFORMANCE-BASED AND INERTIA SENSOR MEASURES

Ellen L. McGough, PT, PhD<sup>1</sup>, Thomas J. Eagen, BS<sup>1</sup>, Rebecca G. Logsdon, PhD<sup>2</sup>, Susan M. McCurry, PhD<sup>2</sup>, Kenneth C. Pike, PhD<sup>2</sup>, Martha A. Cagley, MS<sup>2</sup>, Amy Cunningham, MS<sup>2</sup>, Gabriell R. Fraser, BS<sup>1</sup>, Jasjit Deol, PT<sup>1</sup>, Linda Teri, PhD<sup>2</sup>

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**Purpose/Objective:** Older adults with dementia are vulnerable to mobility disability, often resulting in restricted activity and increased care needs. Age and age-related health conditions may also increase risk for mobility disability in caregivers.

**Methods/Components:** This study examined physical performance in community-dwelling older adults with dementia (n=49) and family caregivers (n=41) using performance-based tests and body-worn inertial sensors for in-home assessment. Performance-based tests included the Short Physical Performance Battery (SPPB), Timed-Up-and-Go (TUG), and 90-second balance. APDM body-worn inertial sensors captured spatiotemporal characteristics of postural sway, transitions and turns.

**Outcomes/Stage of Development:** More than one-half of participants with dementia and greater than one-quarter of caregivers demonstrated high risk for mobility disability, with the greatest prevalence occurring in participants 76 and older. Peak turning velocity was slower in participants with dementia than caregivers, across younger (ages 65-75) and older (76 and older) participants ( $p < .05$ ). A wider turn angle in persons with dementia was also demonstrated in younger participants ( $p < .05$ ) and approached significance in older participants ( $p < .06$ ). Narrow-base postural sway area and frequency were greater in the dementia than caregivers in younger participants only ( $p < .05$ ).

**Conclusions/Implications:** These findings suggest reduced physical performance in older with dementia compared to older caregivers, especially in turning velocity and turning strategy, providing potential areas for intervention to improve stability and mobility. High levels of mobility impairment were present in both groups of older adults, highlighting the need for clinical strategies to reduce physical decline and mobility disability in older adults with dementia as well as their caregivers.

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### **BARRIERS TO AND FACILITATORS FOR SEEKING HEARING HEALTHCARE: A FOUR-COUNTRY PERSPECTIVE**

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Kathy Yorkston, PhD<sup>1</sup>, Adrian Davis, PhD<sup>4</sup>, & Kelly Tremblay, PhD<sup>1</sup>

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Department of Psychology; <sup>3</sup>Macquarie University, Department of Linguistics; <sup>4</sup>AD Cave Solutions, Ltd.

**Purpose/Objective:** It is a well-known fact that a large proportion of older adults who have hearing impairment do not seek hearing healthcare services. The present study explored the barriers to and facilitators for seeking hearing healthcare in older adults in four English-speaking, developed countries.

**Methods/Components:** Focus groups of older adults recruited from the community were conducted in Australia, Canada, the United Kingdom (UK), and the United States (US) to gain insights into participants' experiences with hearing loss and the hearing healthcare system.

**Outcomes/Stage of Development:** Despite differences in healthcare systems across countries, key barriers (e.g., cost and stigma) and facilitators (e.g., family support and trust in providers) were consistent. Subtle differences emerged in the discussion of trusting hearing healthcare professionals in the context of the different healthcare systems.

**Conclusions/Implications:** These findings suggest that many aspects of hearing healthcare-seeking behaviors for older adults with hearing loss are universal across healthcare systems despite differences in funding models for hearing healthcare.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **THE EFFECTIVENESS OF MINI-TRAMPOLINES ON BALANCE IN OLDER ADULTS**

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<sup>1</sup>*Pacific Lutheran University*; <sup>2</sup>*City of Tacoma Lighthouse Senior Activity Center*

**Purpose/Objective:** The aim of this study was to evaluate the effectiveness of mini-trampolines on balance and postural control in a group of older adults over 16 weeks.

**Methods/Components:** Thirty-three participants (mean age: 74.1 ± 7.9 yrs) were divided into an experimental (E) group that participated in a mini-trampoline exercise program twice per week, a reference (R) group which consisted of individuals that participated in an evidence-based program emphasizing strength and balance development, and a control (C) group. Each participant completed the Berg Balance Scale and the Mini Balance Evaluation System Test (Mini-BEST) which differentiates balance into four underlying systems: anticipatory, reactive postural control, sensory orientation, and dynamic gait. A repeated measures ANOVA with one within factor (time) and one between factor (groups) was used to evaluate differences between pre and post and among groups. Significance was established at  $p < 0.05$ .

**Outcomes/Stage of Development:** There was no significant ( $p = 0.38$ ) difference in age among groups. Static balance and postural control increased for the E group after 16 weeks of training, but this increase was not statistically significant ( $p = 0.52$ ). Reactive postural control was significantly ( $p < 0.001$ ) different post training for the E group only.

**Conclusions/Implications:** These results showed that after 16 weeks of training using mini-trampolines, reactive postural control increased in a group of older adults. These results indicate that short, medium and long proprioceptive feedback loops responsible for autonomic postural responses to slips, trips and pushes can be improved.

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### **AS THEY ARE LIVING IT: THE EXPERIENCE OF MEANING AND PURPOSE FOR THE OLDEST-OLD**

Julia A. Puztai, PhD, RN

*Seattle Pacific University*

**Purpose/Objective:** Purpose: To listen to the oldest-old, and explore the experience of growing very old with the aim of understanding where meaning and purpose are found in their everyday experiences of aging.

**Methods/Components:** Methods: As part of a larger hermeneutic phenomenology study on the experience of aging, the question of what brings purpose and meaning in life was posed to 13 participants from 87 to 100 years of age. Three in-depth interviews were conducted focusing on life history, daily life, and current experiences of aging. Experiential narrative text was gathered. Questions asked included “What gets you out of bed each morning?”, and “What provides purpose in your life?” All text was transcribed verbatim and analyzed using phenomenological approaches.

**Outcomes/Stage of Development:** Outcomes: Findings reveal both meaning and purpose that are unique to the individual and shared by others with common life experience. While some may find meaning and purpose in their days by doing what they have always done, most have moved to a time of less participation and more observation, seeking memories from their past and through the present of others. People don’t age in isolation, when former sources of meaning have faded away, meaningfulness and purpose is often found in relationship.

**Conclusions/Implications:** Implications: This study offers a portrayal of possibilities for experiences of purpose and meaning that bring significance to this understudied time of very late life. By informing and enriching gerontological theory and nursing knowledge we can develop care practices that support the creation of meaning, purpose, and dignity in these late years.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **THE ART OF ALZHEIMER'S PRESENTS WE'RE STILL HERE – BUILDING A NARRATIVE OF HOPE**

Marilyn Raichle

*The Art of Alzheimer's*

**Purpose/Objective:** The prevailing narrative around the issue of Alzheimer's and related dementias is one of fear and loss—people with dementia are thought of as empty shells where someone "used" to be. It is a subject that prompts fear, with most people turning away as quickly as they can. But fear and denial leave us unprepared, emotionally and strategically, to meet the mounting need for positive treatment and care. Through the power of art, we seek to serve as a catalyst for a new conversation.

**Methods/Components:** This year-long program will feature: 1) interviews with well-known public figures able to command the attention of the general public; 2) Follow-up community conversations to keep the energy going – workshops and events developed in collaboration with senior centers and senior living facilities and faith communities; 3) Public exhibitions of transformational artwork by and about people living with dementia; and 4) Free intergenerational outreach creative arts programs to expand access to underserved communities.

**Outcomes/Stage of Development:** The power of art to transform people's thinking about dementia and the people who live with it is immediate and profound. It enriches the quality of life of people who live with dementia and inspires the public at large to greater understanding, encouraging a leap from fear and stigma to understanding, empathy and engagement.

**Conclusions/Implications:** The result will be a more inclusive, more engaging, more supportive and more hopeful environment for everyone whose lives are touched by dementia, inspiring us all to become better stewards of an aging population.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **VOLUNTEER HEALTH ADVOCATE TRAINING TO SUPPORT ELDER COMMUNITIES IN WASHINGTON**

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<sup>1</sup>*Board Chair, Washington State Health Advocacy Association (WASHAA);* <sup>2</sup>*WA Director Patient Safety & Care Transitions, Qualis Health*

**Purpose/Objective:** To train volunteers in senior communities help neighbors transform from patients to prepared participants in their own health. This program seeks to educate our communities about how to receive better care through education, communication and tools so patients ultimately maintain better managed health.

**Methods/Components:** Six hour, two-day, in-person training for volunteers who will work one-to-one with senior community neighbors/members. Training is geared toward those who do not have a medical background and focuses on high level information and basic communications methods and tools to use. There are six sections to the training: Introduction & the Role of Health Advocates; Rules of the Road; Self-Management; the Health Care System; Communication; Tools. The training is part-didactic, with each section focusing on interaction with the content, including scenarios and role-playing for training participants. At the end of each section, training participants take a learning quiz to help determine if they are able to apply the concepts just taught

**Outcomes/Stage of Development:** The training was launched in two senior communities at the end of April 2016, with 16 volunteers completing training. Follow up training is planned in communities targeted to reach seniors who would participate in the program and request volunteer advocacy assistance.

**Conclusions/Implications:** This program followed a call for health advocates from a previous Elder Friendly Futures conference (2013). Because health advocacy is a new concept, more education is needed in communities so patients understand why it is important to be a full participant in care and how health advocates can support that role.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **CULTURALLY-RELEVANT MESSAGES TO PROMOTE DEMENTIA AWARENESS WITHIN THE ASIAN AMERICAN AND PACIFIC ISLAND (AAPI) COMMUNITY**

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Cynthia Karlson<sup>3</sup>, Amy Jordan<sup>4</sup>, Jason Karlawish<sup>4</sup>

<sup>1</sup>UW Healthy Brain Research Network, Health Promotion Research Center; <sup>2</sup>National Asian and Pacific Center on Aging; <sup>3</sup>WA Department of Health; <sup>4</sup>UPenn Healthy Brain Research Network

**Purpose/Objective:** Cognitive impairment is a public health challenge. Five million people have Alzheimer's Disease (AD) and other dementias; 13 million people care for them. Americans fear AD more than cancer. The Healthy Brain Initiative's Public Health Road Map for State and National Partnerships, 2013-2018 goals: increase public awareness and early detection through public health messaging engaging adult children. The purpose of this study is to test culturally relevant public health messages for the AAPI community.

**Methods/Components:** University of Washington (UW) Healthy Brain Research Network (HBRN), funded by the CDC, collaborated with the WA State Department of Health and National Asian Pacific Center for Aging (NAPCA) to conduct this study. We used methods and messages from the UPenn HBRN. The test messages encourage adult children to accompany an aging parent to a memory specialist for a cognitive assessment and to connect to treatment, support, and other resources. We conducted four focus groups in August 2016 to assess the messages' resonance, appropriateness and potential efficacy among Chinese and Japanese adults with parents' age 65 and older.

**Outcomes/Stage of Development:** 29 eligible and available participants were recruited through community partners, advisory boards, local events, and social media. NAPCA staff that matched the race and gender of participants were trained as focus group moderators. Preliminary findings suggest that participants desire more knowledge about AD and AD resources, and want to know how and why to have conversations with their older loved ones about screening. Participants also provided valuable feedback on how to make the photos, taglines and message format more culturally relevant.

**Conclusions/Implications:** This study contributes to improving public health messaging for the AAPI community to increase public awareness and early detection of AD.

# **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

## **BEST PRACTICES IN AGE-FRIENDLY PRINT AND DIGITAL COMMUNICATIONS**

Irene Stewart

*Ageing and Disability Services, Seattle Human Services Department, City of Seattle*

**Purpose/Objective:** To increase health and human services professionals' communication skills by illustrating best practices in print and digital communications as they relate to older audiences.

**Methods/Components:** Effective strategies for writing, designing, and producing print and online information for older people include:

- Readability—plain language
- Respect—People First language; positive words (e.g., accessibility not disability; brain health not dementia)
- Design elements—font, type size, spacing, justification, color, contrast
- Accessible digital communications—use of styles for meaningful sequence, alt-text for images, and other strategies to ensure that webpages, e-mail, Word docs, PDFs and more are accessible by screen readers (assistive technology) and also voice-friendly (emerging technology)
- Resources (including UW-DOIT)

**Outcomes/Stage of Development:** Websites are required to be accessible under the ADA. The Web Content Accessibility Guidelines 2.0 Level AA is the standard for ensuring that online information is perceivable, operable, understandable, and robust for all readers. Many elements also apply to print communications. It is not difficult to create age-friendly print and digital communications.

**Conclusions/Implications:** On both personal and population health levels, as we age, we face more chronic illnesses that require us to read or hear and understand new health care information. We are also more likely to have limited vision, hearing loss and/or a cognitive condition that challenges our ability to access and comprehend health care and benefits information.

The health literacy “onus” is on health and human services professionals to convey health information in a way that patients and clients can process and understand it and services needed, and make appropriate health decisions.

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### **UW PHARMACY STUDENTS' OSTEOPOROSIS SCREENING AND EDUCATIONAL OUTREACH TO RESIDENTS OF RETIREMENT COMMUNITIES**

Emily Tran, Derry McDonald, Melissa Yuen

*University of Washington School of Pharmacy*

**Purpose/Objective:** The University of Washington Student Chapter of the American Society of Consultant Pharmacists' (ASCP-UW) purposes of osteoporosis screenings are to promote healthcare and to provide education for prevention of bone fractures among older adults.

**Methods/Components:** To meet ASCP-UW's objective, osteoporosis screenings included the following components: measurement of bone mineral density (BMD), discussion of diet and lifestyle modifications that promote bone health, and review of medical conditions and medications that can affect bone health. Pharmacy students gathered each participant's medical history and conducted BMD measurement estimates by use of a bone densitometer. A pharmacist preceptor and pharmacy students performed a final discussion of the screening results with each participant to provide fracture risk and prevention education.

**Outcomes/Stage of Development:** Outreach events allow pharmacy professionals to interact with the community, benefiting both sides while expanding awareness of services that pharmacists can offer. Students benefit by fine-tuning skills in history intake, counseling, and applying classroom material. Most importantly, the participants receive a personalized osteoporosis risk score and learn how medications, personal risk factors, and lifestyle modifications can impact their bone health.

**Conclusions/Implications:** ASCP-UW received positive feedback from students and preceptors, who enjoy giving back to the community and advancing patient education as well as their own. Residents of retirement communities including Aljoya, Thornton Place and University House Wallingford benefited from the screening events as shown by resident coordinators' requests for annual return visits. Moving forward, ASCP-UW strives to improve future osteoporosis outreach events through continual refinement of educational brochures and training material.

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### **IMPROVING PRIMARY CARE OF OLDER ADULTS: THE NORTHWEST GERIATRICS WORKFORCE ENHANCEMENT CENTER (NW GWEC)**

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**Purpose/Objective:** A dramatic shortage of geriatrics-trained healthcare workers jeopardizes our nation's capacity to deliver high-quality primary care to the over 40 million and older adults in the United States. The recently established Northwest Geriatrics Workforce Enhancement Center (NW GWEC) seeks to address this challenge through developing and disseminating geriatrics education and training programs to primary care providers throughout the Northwest United States.

**Methods/Components:** NW GWEC now sponsors several new initiatives: A webcast lecture series covering a range of primary-care-relevant geriatrics and Alzheimer's-disease-and-related-disorders topics; an advanced practice nurse traineeship; Project ECHO case conferences; practice-based quality improvement projects; an Area-Agencies-on-Aging (AAA)-based practicum; and Primary Care Liaisons, who foster primary care-community linkages to help older adults age in place.

**Outcomes/Stage of Development:** The NW GWEC ([www.nwgewec.org](http://www.nwgewec.org)) was established in 2015 with funding from the Health Resources and Services Administration. We have partnered with the Veteran's Affairs Puget Sound Healthcare System, two Washington State AAAs, and Qualis Health to conduct our work. Program evaluation is ongoing to assess effects of NW GWEC initiatives on the preparedness of primary care to address the needs of older adults and their caregivers.

**Conclusions/Implications:** NW GWEC has become an established and increasingly recognized geriatrics training entity. Through participation in NW GWEC-sponsored opportunities to learn evidence-based geriatrics care, primary care providers will be able to incorporate new knowledge into their practice in the short term and ultimately improve health outcomes and quality of life for older adults throughout the region.

## **2016 Elder Friendly Futures – Multiple Voices Shaping Our Communities Poster Session**

### **HOW OLDER ADULTS PERCEIVE THE MEANING OF THEIR TRAUMATIC BRAIN INJURY**

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**Purpose/Objective:** Traumatic brain injury (TBI) within the growing older adult population in the United States is a paramount public health concern. In-depth, patient-centered analyses of the experiences of older adults who have sustained TBI are relatively absent from the literature. Therefore, the objective of this phenomenological study is to explore the perceptions of older adults who have sustained a TBI and how the perceived meaning of the injury changes over time.

**Methods/Components:** Qualitative inductive content analysis was used to analyze the data derived from this multiple case study design of longitudinal, semi-structured interviews. Interviews were conducted with participants at 1 week, 1, 3, 6, and 12 months post-injury.

**Outcomes/Stage of Development:** Participants tended to answer our question about the meaning of TBI with the lessons learned from having experienced TBI. Three initial themes have emerged including: a call to make changes, newfound gratitude, and a sense of mortality. A conceptual model will be presented to visualize the perceived meaning of TBI among older adults.

**Conclusions/Implications:** Results from this study can be used for developing patient-centered provider training and TBI interventions that will be easily translated into home, care, and community settings. Attendees at this session will come away with being able to discuss the unique experience of older adults who have sustained traumatic brain injury and how this information should inform clinicians and caregivers in order to improve care and support provision to older adults with TBI.